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Bib Data Sheet

CONFIRMATION NO. 5637

|  |   |                                  |   |   |
|--|---|----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/678,017   | <b>FILING DATE</b><br>10/04/2000<br><b>RULE</b>   | <b>CLASS</b><br>707              | <b>GROUP ART UNIT</b><br>2176   | <b>ATTORNEY DOCKET NO.</b><br>35.C14853 |
| <b>APPLICANTS</b><br>Koichiro Wanda, Kawasaki-shi, JAPAN;<br>Kazutaka Matsueda, Yokohama-shi, JAPAN;   |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b> <i>TR</i>  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b> <i>TR</i><br>JAPAN 11-284287 10/05/1999<br>JAPAN 11-284289 10/05/1999   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/26/2000</b>   |   |                                  |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met. after Allowance<br>Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>17   | <b>TOTAL CLAIMS</b><br>76               |
|  |   |                                  |   | <b>INDEPENDENT CLAIMS</b><br>4          |
| <b>ADDRESS</b><br>05514  |   |                                  |   |   |
| <b>TITLE</b><br>Information processing apparatus, distributed printing method, and storage medium  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>1928   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |